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The Government Remains Open for Now: What the Congressional Budget Battle Means for HIV Programs

Over the weekend, Congress barely averted a looming government shutdown. On Saturday, September 30, 2023, just hours before the government was set to shut down without a congressional budget, Congress passed a Continuing Resolution (CR), a short-term spending deal that will keep the federal government running for 45 days (through November 17, 2023) at current spending levels. Read on to learn about how we got there and how people living with and at increased risk for HIV and other complex conditions may be impacted by the budget showdown.

How Did We Get Here?

Each fiscal year – which runs from October 1 through September 30 – Congress is tasked with passing a budget to fund the vast infrastructure and discretionary programs of the federal government. This means that Congress must make decisions, in the form of appropriations bills, about funding amounts for every discretionary federal program, and the President must sign these bills. While this process used to be fairly routine, in recent years it has become a political flashpoint due to the growing partisanship in Congress, especially the intractability of a group of hardline Republicans in the House of Representatives.

To pass the federal budget, each chamber of Congress (the House of Representatives and the Senate) puts forth an appropriations bill, and then the two bills are reconciled into a final agreed upon version. If Congress cannot come to agreement on a full fiscal year budget, they turn to a temporary CR measure to “kick the can down the road” and give themselves more runway to hammer out a fiscal year budget deal by preserving current funding levels for a shorter period.

Discretionary vs. Mandatory Funding

Discretionary funding is any funding that Congress must appropriate annually, including funding for the Ryan White HIV/AIDS Program.

Mandatory funding is mandated by existing laws and does not require an annual congressional appropriation. This includes funding for Medicaid, Medicare, and Social Security.

The current make-up of Congress has made compromise on a budget difficult. A razor-thin majority of Democrats control the Senate, while a thin majority of Republicans control the House of Representatives. This has set up a clash between the Senate and the House. For instance, the House's [proposed budget bill](#) for Labor, Health, Human Services, and Education agencies would make draconian cuts to domestic programs, including zeroing out the CDC's portion of the Ending the HIV Epidemic (EHE) funding and drastically reducing HIV funding for the Health Resources and Services Administration (HRSA). The Senate's [proposed bill](#), on the other hand, maintained EHE and other HIV funding.

As we hurtled to the end of the fiscal year without a budget, it appeared less and less likely that there was any middle ground between hardline Republicans advocating for massive cuts and Democrats fighting to maintain access to vital health care, social services, and other programs. The House Freedom Caucus, the far-right wing of House Republicans, dug in against any capitulation on spending, including opposing a short-term CR to keep the government running while negotiations continued. However, at the eleventh hour, then-House Speaker Kevin McCarthy pulled together a coalition of more moderate House Republicans and Democrats to sidestep the Freedom Caucus and pass a 45-day CR, keeping the federal government funded until November 17.

How Does the Fight Over Federal Funding Impact Programs for People with HIV and other Complex Conditions?

1. Congress still must pass a fiscal year appropriations bill, and deep cuts to HIV programs remain on the table.

HIV funding is at risk if any version of a final budget package resembles the proposed House budget spending levels released over the summer. The House budget eliminated scores of programs and made deep cuts to every health care agency, including HRSA and CDC. Since the compromise Congress reached on September 30 was only a stopgap measure that didn't resolve the substantial differences between the House's and Senate's appropriations proposals, HIV and other health care and social services programs are still vulnerable to budget cuts. HIV advocates should continue to pressure Congress to [reject these cuts](#) and maintain at least level funding for HIV programs.

2. If Congress can't compromise on a fiscal year appropriations bill by November 17, the government could still shut down.

If Congress fails to agree on the budget by the November 17 deadline and the government shuts down, some services and programs for people living with and at increased risk for HIV may be impacted. A government shutdown means furloughs for millions of federal employees and contractors, which could impact oversight of federal HIV programs, especially if the shutdown is protracted.

The Biden Administration would have discretion to manage the shutdown, deciding what can stay open and what must close based on available funds without new appropriations. Prior to

the September 30 deadline, the White House Office of Management and Budget (OMB) [published a contingency plan](#) for each federal department in the event of a shutdown. Based on this OMB plan and how HIV programs are funded, the following table walks through how each program might be impacted in the near future. Government shutdowns normally do not last long (the last shutdown was the longest and lasted 34 days), but the longer a shutdown lasts, the greater the likelihood that discretionary funding programs would be affected.

Program	Shutdown Impact
Ryan White HIV/AIDS Program (RWHAP) administered by HRSA	Funding for the RWHAP would not be impacted by a short-term lapse in appropriations.
HIV prevention funding administered by CDC	CDC funding for HIV prevention would not be impacted by a short-term lapse in appropriations.
Community Health Center Program administered by HRSA	This is a mandatory program.
Medicaid administered by the Centers for Medicare and Medicaid Services (CMS)	This is a mandatory program.
Medicare administered by CMS	This is a mandatory program.
Social Security (disability and retirement payments) administered by the Social Security Administration	This is a mandatory program.
Healthcare.gov and Marketplace subsidies administered by CMS	CMS announced that a short-term lapse in appropriations would not impact open enrollment for the Affordable Care Act Marketplace, set to begin November 1 st . The agency has identified funding to support open enrollment.

3. Other important HIV programs had September 30 reauthorization deadlines.

September 30 also marked the reauthorization deadline for several health programs, including the President's Emergency Plan for AIDS Relief (PEPFAR) (for more on the PEPFAR reauthorization saga, check out [CHLPI's previous Health Care in Motion on this topic](#)). PEPFAR still has funding to continue its crucial global HIV work, but without reauthorization legislation – which is still stalled because of Republican demands for stronger anti-abortion provisions – lawmakers cannot make necessary updates to the program. Global faith in U.S. support for HIV and related public health priorities has taken a hit.

The Community Health Center Fund, which provides 70% of federal funding for health centers, was also set to expire on September 30. However, as part of the CR deal, Congress extended the authorization on a short-term basis through November 17. Community Health Centers provide a myriad of HIV care and prevention services to low-income patients across the country, and advocates will continue to push for a full reauthorization of that program.

What Happens Next?

Congress has 45 days to either pass another CR or a full fiscal year 2024 budget—otherwise, the government will grind to a halt. At this point, it is difficult to predict what Congress will do. Fuming about what they perceive to be a betrayal by Speaker McCarthy in joining with House Democrats to pass the CR, the House Freedom Caucus forced a vote that ousted him as Speaker. A lot is at stake for the HIV community and other people with complex health conditions, and the next 45 days are a pivotal opportunity to inform Congress about the need to fully fund these important programs.

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